## E DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER I AMERICANE AFTER AS FILED AMERICANDIT. 1 MANDEMENT IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. 19. 26 35· 38. 90. ·47 A A TOTAL INC TOTALOG \$ TOTAL DEZ

SORBHICO & TROMFRATED 2.D